

**ARKANSAS INSURANCE DEPARTMENT****2015 FORM AID AC EST-Q**

Accounting Division
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE: (501) 371-2605
www.insurance.arkansas.gov

ESTIMATED PREMIUM TAX____ **ORIGINAL FILING**____ **AMENDED FILING**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
MAILING ADDRESS			
CONTACT PERSON		TITLE	
TELEPHONE NUMBER	EXT	FAX NUMBER	
EMAIL ADDRESS			

All insurers must file this form even if no business was written during the reporting period.

All tax forms and payments must be received on or before the due date for each quarter as noted below. The Department does not accept the postmark date. No authority exists for granting any extension of time for filing or payment. Any insurer that fails to report or pay tax will be subject to penalty in accordance with ACA 26-57-607 (\$100.00 per day for each day late). Penalties will be billed separately.

Choose the appropriate quarter per filing period and enter check mark in box.**Choose the Company type and mark one.**

- **Line 1** Enter the amount of estimated premium tax due for the quarter.
- **Line 2** If your estimated premium tax is less than \$25.00, enter amount deferred here.

DO NOT TAKE ANY CREDITS FOR PRIOR YEAR PAYMENTS.**FILING DEADLINE FOR QUARTER****(Mark one)**1st Quarter: Due May 15 ☐2nd Quarter: Due August 15 ☐3rd Quarter: Due November 15 ☐

1. Estimated Quarterly Tax	1.
2. Deferred Amount (less than \$25)	2.

Company Type: **(Mark one)**☐ Life/AH☐ Prop/Cas☐ HMO/HM☐ FMAA☐ Title**Make check payable to: STATE TREASURER OF ARKANSAS**

Mail to: Arkansas Insurance Department
Attn: Accounting Division
1200 West Third Street
Little Rock, AR 72201-1904

To Contact Us: Phone 501-371-2605 or E-mail: insurance.accounting@arkansas.gov

Signature of Officer (must be original signature)_____
Date